Financial Aid for Band/Colorguard Fees

Student Information		
Last Name:	First Name:	Grade: 9 10 11 12

Parent/Guardian 1 Information		
Last Name:	First Name:	Marital Status:
Street Address:		
Email Address:		

Parent/Guardian 2 Information		
Last Name:	First Name:	Marital Status:
Street Address:		
Email Address:		

Outstanding Band/Colorguard Fees:	**$**
Percent of Aid Requested:	25% 50% 75% 100%

Most Recent Tax Return:	Please ensure that all sensative information is fully redacted. This includes social security numbers, birth dates & bank account information. Attach Here:

Most Recent Student Report Card:	Please ensure that all sensative information is fully redacted. This includes Student ID# and Grade Level. Attach here:

Parent Statement:	Submit a parent statement detailing your family's financial situation and whether the circumstances are short term or long term. Please include anything that the Committee should take into consideration (ex. Recent job loss, recent major medical expenses, etc).
	Limit 500 words

Student Essay:	Submit a student essay explaining why being a member of the Wakeland Band is important to them.
	Limit 500 words

Parent/Guardian Acknowledgement:	Please initial next to each of the following items:
	I understand that any aid granted is for the current school year only.
	I agree that all the information I have provided is true and accurate.
	I agree that the VP of Student Affairs and/or the Financial Aid Committee has the right to request further information before rendering a decision.
	I agree that failure to provide any requested documents will result in my application being denied.
	I agree that if my financial circumstances improve that I am obligated to inform the VP of Student Affairs.

Parent/Guardian Signature:	

Wakeland High School Band Booster Association

Financial Aid Committee Authorization

2025-2026

Application for Aid:	GRANTED		DENIED	
Amount of Aid Granted:	Band/Colorguard Fees	$	Private Lesson Fee	$

Additional Information:

VP Student Affairs:	_____	Date:	_____
Committee Member:	_____	Date:	_____
Committee Member:		Date:	